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CONFIRMATION NO. 6310

<b>SERIAL NUMBER</b> 10/531,297	<b>FILING OR 371(c) DATE</b> 04/14/2005 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1744	<b>ATTORNEY DOCKET NO.</b> 027651-266	
<b>APPLICANTS</b> Hakan Moller, Lund, SWEDEN; Laurence Mott, Trelleborg, SWEDEN; Lars Martensson, Veberod, SWEDEN;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE03/01791 11/19/2003 <i>KC/ 3/13/07</i>					
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0203693-7 12/13/2002 <i>KC/ 3/13/07</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>KC/</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 21839					
<b>TITLE</b> Control of sterilization device and method					
<b>FILING FEE RECEIVED</b> 1650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		